

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE
SECONDARY EMPLOYMENT CERTIFICATION FORM**

Name of Employee _____ Date _____

District _____

Classification/Title: _____

Check one and complete employment information if applicable:

- ☐ Yes, I do have a second job. If checking this box, complete the employment information below.
- ☐ Yes, I have an update to my secondary employment status previously approved. If checking this box, complete employment information below.
- ☐ I do not have a second job/I no longer have a second job.

I hereby declare that I have secondary employment outside the district as described below:

Employer Name and Address: _____

(Indicate if self-employed) _____

Job title/duties: _____

Normal work days: MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐ SAT ☐ SUN ☐

Normal work hours: From: _____ To: _____

Anticipated dates of employment From: _____ To: _____

Special circumstances/notes: _____

I have read and understand the District Policy governing secondary employment and will comply with all provisions of the Policy.

Signature of Employee Date

DISTRICT BOARD CERTIFICATION

Check all applicable boxes:

- ☐ I hereby certify that the _____ Soil & Water Conservation District has a secondary employment policy in place that is consistent with Commission Guidelines for Secondary Employment found at http://www.ncagr.gov/SWC/costshareprograms/documents/secondary_employment_district_employee.pdf.
- ☐ I further certify that the district has reviewed the secondary employment declared above for the subject district employee and has approved the secondary employment in accordance with the District's Secondary Employment Policy.

Signature of District Chairperson Date

Acknowledgment

Signature of County HR Representative (If employee is county employee with 2nd job) Date